

State of New Jersey — Department of the Treasury  
Division of Pensions and Benefits • PO Box 295 • Trenton, NJ 08625-0295 • (609) 292-7524

**APPLICATION FOR DISABILITY RETIREMENT**

**STATE POLICE RETIREMENT SYSTEM (SPRS)**

*Please Read Instructions Prior to Completing Application*

**PART ONE: MEMBER INFORMATION**

1. Membership Number \_\_\_\_\_ 2. SSN \_\_\_\_\_
3. Name \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_  
Last, First, MI Month, Day, Year
5. Home Mailing Address \_\_\_\_\_

Street Address, City, State, Zip Code

6. Phone #s — Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_
7. Current Work Title \_\_\_\_\_

8. Type of Disability Retirement ☐ **ORDINARY** ☐ **ACCIDENTAL**

9. I declare that I am incapacitated for further service in the work title listed in Item 7 due to the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Retirement Effective Date — The first day of (month/year) \_\_\_\_\_

11. If you will have an outstanding loan balance at retirement, how do you want to pay the loan off?

☐ Continue Payments into Retirement ☐ Lump Sum

12. Are you currently under departmental charges or formal indictment? ☐ NO ☐ YES

**(Questions #13 and #14 are for Accidental Disability only.)**

13. Date of Accident \_\_\_\_\_ Describe the accident and list any witnesses to it.  
Month, Day, Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Has a claim been filed for Workers' Compensation? ☐ NO ☐ YES

a) Amount of Periodic Benefit \$ \_\_\_\_\_ per week.

b) Beginning date of award \_\_\_\_\_ c) Ending date of award \_\_\_\_\_

### PART THREE: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY

Official Title